FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300007626 (3)

WILKINSON ENTERPRISES, INC.

Principal Place of Business Mailing Address 12794 W. FOREST HILL BLVD. 12794 W. FOREST HILL BLVD. SUITE 28-B SUITE 28-B DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414 3. Date Incorporated or Qualified 02/01/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0403940 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILKINSON, KEVIN D 12794 W. FOREST HILL BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 28-B 83 WEST PALM BEACH FL 33414 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. **SIGNATURE** Signature, typed or printed name of registered agent and title if approaching (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPST TITLE DELETE Change Addition 1.1 TITLE WILKINSON, KEVIN NAME 12 NAME 12794 W. FOREST HILL BLVD. STREET ADDRESS 13 STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 THILE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

SIGNATURE:

CITY-ST-ZIP

Sen Daulburson

4/24/98

561 7537200

FILED

May 04 1998 8:00am

Secretary of State